2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717873

Entity Name: LINCOLN BAY TOWERS ASSOCIATION, INC.

Current Principal Place of Business:

1450 LINCOLN ROAD OFFICE MIAMI BEACH, FL 33139

Current Mailing Address:

9600 N.W. 25 ST. #5D DORAL, FL 33172 US

FEI Number: 59-1283008

Name and Address of Current Registered Agent:

J&M CONDO MANAGEMENT INC. 9600 N.W. 25 STREET SUITE 5-D DORAL, FL 33172 US FILED Apr 16, 2018 Secretary of State CC9896360205

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	STROIA, RONALD	Name	KANTOR, MICHAEL
Address	9600 N.W. 25 ST. #5D	Address	9600 N.W. 25 ST. #5D
City-State-Zip:	DORAL FL 33172	City-State-Zip:	DORAL FL 33172
Title	тр	Title	DIRECTOR
Name	SOLISH, LOUIS M	Name	CONTE, RICHARD
Address	9600 N.W. 25 ST. #5D	Address	9600 N.W. 25 ST. #5D
City-State-Zip:	DORAL FL 33172	City-State-Zip:	DORAL FL 33172
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR LAWRENCE, LINDA	Title Name	DIRECTOR PLOEHN, ROBERT
Name	LAWRENCE, LINDA 9600 N.W. 25 ST. #5D	Name	PLOEHN, ROBERT 9600 N.W. 25 ST. #5D
Name Address	LAWRENCE, LINDA 9600 N.W. 25 ST. #5D	Name Address	PLOEHN, ROBERT 9600 N.W. 25 ST. #5D
Name Address City-State-Zip:	LAWRENCE, LINDA 9600 N.W. 25 ST. #5D DORAL FL 33172	Name Address City-State-Zip:	PLOEHN, ROBERT 9600 N.W. 25 ST. #5D DORAL FL 33172
Name Address City-State-Zip: Title	LAWRENCE, LINDA 9600 N.W. 25 ST. #5D DORAL FL 33172 DIRECTOR	Name Address City-State-Zip: Title	PLOEHN, ROBERT 9600 N.W. 25 ST. #5D DORAL FL 33172 DIRECTOR
Name Address City-State-Zip: Title Name	LAWRENCE, LINDA 9600 N.W. 25 ST. #5D DORAL FL 33172 DIRECTOR LIPMAN, SUSAN	Name Address City-State-Zip: Title Name	PLOEHN, ROBERT 9600 N.W. 25 ST. #5D DORAL FL 33172 DIRECTOR KAUFMAN, NATALIE 9600 N.W. 25 ST. #5D

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RONALD STROIA

PRESIDENT

04/16/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	LENETT, SARAH	Name	CONFORTI, ELIZABETH
Address	9600 N.W. 25 ST. #5D	Address	9600 N.W. 25 ST. #5D
City-State-Zip:	DORAL FL 33172	City-State-Zip:	DORAL FL 33172